

VOLUNTEER APPLICATION

BOYS & GIRLS CLUB OF THE WISCONSIN RAPIDS AREA



Personal Information

Name:		Date:
Street Address:		
City, State, Zip:		
Phone Numbers:	Home:	Cell:
E-mail Address:		
Best Way to Contact You:		
Emergency Contact:	Name and Phone #:	Relationship:

Availability:

At Which Site Would you Like to Volunteer? (Check)	Pitsch Center	Mead Unit	Nekoosa Unit	Port Edwards Extension	
Days and Times Available?	MON	TUE	WED	THU	FRI
Are You Seeking to volunteer to fulfill a commitment or obligation to any of the following? (check)					
School Club	Community Organization	Personal Interest		Build Experience	
What type of time commitment are you willing to make: (check)					
1-3 Months:	3-6 Months:	6-9 Months:	9-12 Months:	Other:	
Where did you learn about our volunteer opportunities? (check)					
Website:	Friend:	United Way:		Other:	
Have you volunteered for the Boys and Girls Club in the past? _____yes _____no					
If so please explain your service and length of time volunteering:					

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Interests:

Please Indicate which of the following areas you are interested in volunteering for: (check)								
Learning Center	Tutoring	Arts and Crafts	Music	Playing Games	Sports/Fitness	Computer Lab	Special Event	Mentoring Teens
Please summarize and special skills or qualifications you may have that would help you be an exceptional volunteer in working with children or youth:								

Education & Experience:

Educational Background: <input type="checkbox"/> Jr High <input type="checkbox"/> High School <input type="checkbox"/> Tech School <input type="checkbox"/> College	
Degree:	Other Training:
Current Employer:	Phone:
Occupation:	Do you have your own transportation?
Would you like us to notify your employer about your volunteer service? <input type="checkbox"/> yes <input type="checkbox"/> no	

References:

Please list two people who can attest to you character, skill and dependability. (no relatives please)		
Name:	Relationship:	Phone:

Additional Information:

Please check the applicable response"		
Have you ever been convicted of a criminal offence?	Yes	No
Is there any pending criminal charge or have you ever been convicted of child abuse or neglect?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes	No
Are there any facts or circumstances that would call into question, your being entrusted with the supervision, guidance and care of young people?	Yes	No

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Certification of Information and Acknowledgement:

I certify that all information provided on this application and any attachment(s) are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I authorize educational institutions, employers, and references listed above to give any and all information concerning my education, employment and fitness to work with children and young teens.

Signature:

Date:

Honor Statement Regarding Drug Free Work Place:

The Boys & Girls Club of the Wisconsin Rapids Area is strongly opposed to the illegal use of drugs and alcohol in the workplace and in our community. The Club places a high priority on providing a safe and healthy work environment for employees and for members. We expect our staff to be role models for our members. The Club's policies require both employees and volunteers to report to work free of the influence of alcohol or illegal drugs or narcotics. The possession, use, purchase, sale or transfer of alcohol or illegal drugs while at work or on Club property is strictly prohibited. Staff and volunteers are expected not to condone or in any way support illegal drug or alcohol use by members.

I agree with the Club's positions on the importance of a Drug-Free Workplace, and I pledge to comply with the Club's policies in the interest of members, my co-workers, volunteers, the Club, and the community.

Signature:

Date:

Agreement and Authorization:

I agree that in the course of considering my application, you may inquire to verify information considering my background. I authorize you to investigate all statements made on this application. I further agree to hold harmless the Boys & Girls Club of the Wisconsin Rapids Area, institutions and references listed above and law enforcement agencies from all liability and any damage that may result from furnishing this information to the Boys & Girls Club of the Wisconsin Rapids Area.

Signature:

Date:

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Background Investigation: Waiver and Consent

I hereby authorize the Boys & Girls Club of the Wisconsin Rapids Area, to make an independent investigation of my background, references, character, past or present employment, education, criminal or police records, including those maintained by public and private organizations and all public records for the purpose of confirming information contained on my application and/or obtaining information which may be material to my qualifications for volunteer service or employment with the Boys & Girls Club of the Wisconsin Rapids Area.

I release the Boys & Girls Club of the Wisconsin Rapids Area and or its agents and or any person or entity, which provides information pursuant to this authorization form and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (Please Print)		Maiden Name:
Present Address:		How Long?
City:	State:	Zip Code:
Sex:	Race:	Date of Birth:
Social Security #:	Drivers License #:	State Issued:
Telephone #:	E-Mail Address:	
Signature:	Date:	